Pakistan Journal of Social and Clinical Psychology
2009, Vol. 7, 65 – 70

CASE STUDY

A CASE STUDY OF ACUTE STRESS REACTION: INTRA-FAMILIAL CONFLICTS

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This case revolves around a 24 year old young girl who was brought to the psychiatry ward on account of hysterical behavior, such as crying, laughing, self-talk and disorientation. Her symptoms fulfilled the DSM-IV-TR criteria of Acute Stress Disorder and Sibling Relational Problem (DSM-IV-TR, 2000). The reaction had been caused by a recent family discord. She was assessed informally (using the Mental Status Examination and subjective ratings on several maladjusted behaviors) and formally (using Beck's Depression Inventory, Rotter's Incomplete Sentence Blank and the House Tree Person test). These measures showed high maladjustment with the environment, strong interpersonal conflicts and a need to achieve great academic success. Her intervention plan comprised Behaviour, Humanistic and Cognitive Behavior Therapies. These were chosen to provide catharsis, genuine positive regard, and encouragement to schedule a routine and restructure her cognitions towards the stressful event. She learnt Mastery and Pleasure, Self-Reinforcement, Problem Solving Skills, Anger Management, Social Skills and Cognitive Restructuring of the event. Systematic Desensitization was also used to curtail her avoidance towards the objects related to the stressful event. The client showed significant improvement in her areas of disturbance after receiving 9 therapy sessions.

Key words: stress, family, cognitive restructuring, meditation, hysterical

In our society, male dominance is accepted as the norm. Families are run by the fathers, sons and husbands of the family. The women are expected to take a backseat and only obey the rules created by the males of the family. However, even in this scene of male dominance, some women play a manipulative and controversial role at home. Family politics originates from women who tend to contort situations and present twisted facts to the males in their families. As goes tradition in our society, most families exist in the form of joint families. The dynamics of such families are entirely dependent on how well different individuals, sharing the same space, adapt. Indeed, family politics revolves around how people cope with each other. Supporting each other and holding counsel in times of decision making can help in living peacefully. When people become victims of heated situations and distorted circumstances, family violence and discord becomes inevitable.

S. K., a 24 year old student of Bachelors, was brought to the psychiatry ward at Jinnah Hospital, Lahore, with complaints of hysterical behavior. She belonged to a middle class joint family and was the 6th among 7 brothers and sisters. A detailed clinical inter-

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view revealed that 6 or 7 months before, the day of her hospitalization, her 2nd eldest brother had tried to beat her up with a belt, family members had intervened and she was able to escape unharmed. The triggering factors were profound miscommunication and apparent lack of a cordial relationship between the client and her sister-in-law. That is when her brother, losing his temper, became violent and came at the client with his belt. When the client was brought to the hospital 12 days ago, she had once again had an argument with her brother that had led to a strangulation attempt by the brother; again, family members had intervened, forcing them apart. After the tussle the client went into her room where she reported she felt as if everything was staring at her and making fun of her which is an indication of deluded thoughts. When she finally came out of the room and entered the family room, she lost control of herself, ran and hid in the drawing room, where she started crying hysterically and shouted to be left alone. In the psychiatric ward, she tried to commit suicide by taking a handful of sleeping pills which her mother provided her with, thinking that they would calm her hysterical fit down.

Acute stress disorder factors include perceived threat to life, being female and previous exposure to traumas (Davison & Neale, 2001). The client, being a female, had one previous exposure to a traumatic event, and the latest event was not only life threatening but mentally disturbing. She had attributed the responsibility of the event inwards. Research shows that people tend to take personal responsibility for failures and to cope with stress by focusing on emotions rather than on the problems themselves (Davison & Neale, 2001). The client's assessment for pre-therapeutic phase on Rotter's Incomplete Sentence Blank (RISB; Rotter & Rafferty, 1950) and Beck Depression Inventory (BDI; Basher & Sitwat, 1990) indicated strong feelings of guilt and failure associated with her inability to establish a good relationship with her brother. The client's drawings on the House-Tree-Person Test (HTP; Buck, 1992) indicated extreme meticulousness and the need for things to go according to her wishes. She displayed needs for autonomy from the way she had drawn a large house. It seemed like she wanted to escape from the controlled environment at home, and she wished to reconstruct the home environment.

There may have been a classical conditioning of the current fear she felt from her brother which had become linked with all things associated with him, as she reported feeling no love towards her brother's daughter; instead she felt anxious and fearful. Learning theorists assume that acute stress arises from negative pairing of stimuli (Davison & Neale, 2001). She also suffered from a perceived sense of loss of control and predictability, as is often experienced by people who suffer from traumas (Davison & Neale, 2001). The most potent predictors of people's reactions to trauma are the severity and duration of the trauma and the proximity of the individual to the trauma (Nolen-Hoeksema, 2001). The first time that the client's brother threatened her with physical abuse, she was able to escape

it, but the second time around the threat was directed at her life which increased the severity of the trauma.

Moreover, people who have others to support them emotionally through recovery from their traumas, allowing them to discuss their feelings and memories of the traumas, recover more quickly than do those who do not have support system (Nolen-Hoeksema, 2001). The client's family was open to discussing the trauma and what had transpired and it was hoped that this support would provide a buffer and prevent the traumatic stress reaction from entering the level of a disorder.

Initially, the client exhibited a dissociative reaction to the trauma and tried to cut herself off from reality by isolating herself. Studies have shown that people tend to dissociate shortly after a trauma (Nolen-Hoeksema, 2001). The client, while asking the therapist a lot of questions relating to the trauma, showed that she had been unable to make sense of what had happened. Research suggests that people who are unable to make sense of their traumas recover less quickly than those who are able to do so (Nolen-Hoeksema, 2001). Hence the client was helped to restructure her cognitions regarding the event to help her recover quickly.

Therapeutic Intervention

Based on the case formulation as derived using various established sources and cases where family stressors and discord have led to acute stress reaction, a multi-faceted therapeutic intervention plan was designed.

To begin with, the client was taught meditative techniques to help relieve anxiety and lessen muscular and somatic complaints. The client was taught breath counting so that she would be able to go to sleep better. Behavior therapy was used to remove the negative contingencies that had been formed and reinforce positive adaptive behaviors. The client was taught self-reinforcement so that she could feel good about the positive changes that took place in her as therapy progressed. Cognitive restructuring was another technique used whereby the client's automatic negative thoughts and core negative beliefs were identified and then the therapist and client worked in alliance to find evidence for the validity of the existing beliefs and to change them into new effective ones that will help the client cope better with her situation. This technique was used to increase the client's perspective taking and help solve problems more effectively.

The client was taught problem solving to improve her skills to manage possible family dispute scenarios effectively and avoid confrontational methods. She was also taught how to deal with her sister-in-law; the source of conflict earlier since interaction with her seemed likely and unavoidable.

Social skills training was used to improve the client's interaction within her environment and help adjust better while being able to communicate with others properly and in a manner which would lead to effective relationships. The client needed social skills training because she was highly maladjusted within her environment and needed to learn better skills to improve relation-

ships with her family and, if possible, with her brother and his wife as well. The client specifically needed help in expressing her suppressed anger towards her elder brother and his wife; for this she was taught the letter writing technique, where she was asked to write a letter to her brother and express all that she felt in it and then tear it up.

Outcome

The outcome of the comprehensive intervention plan showed a significant decrease in the Pre (22) and Post (13) therapeutic intervention scores of the BDI. These indicated that her suicidal ideation had subsided and she was now better adjusted than she was earlier. (Figure 1)

Figure 1
Pre and Post BDI Scores

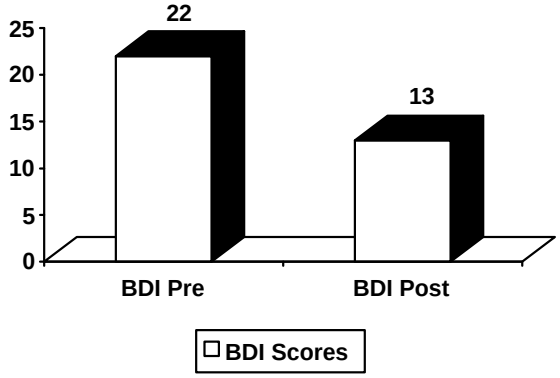


Figure 2
Pre and Post Subjective Ratings

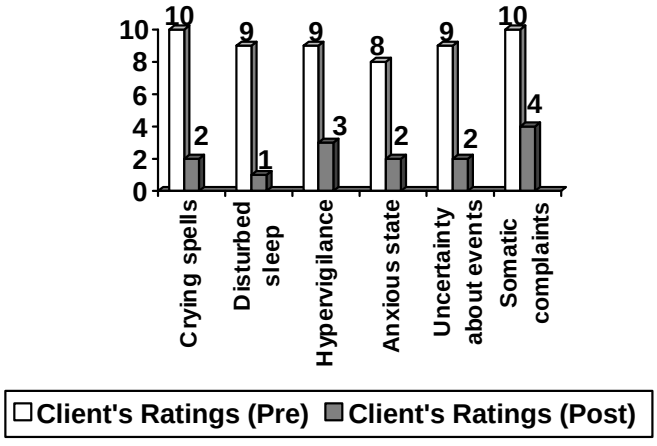
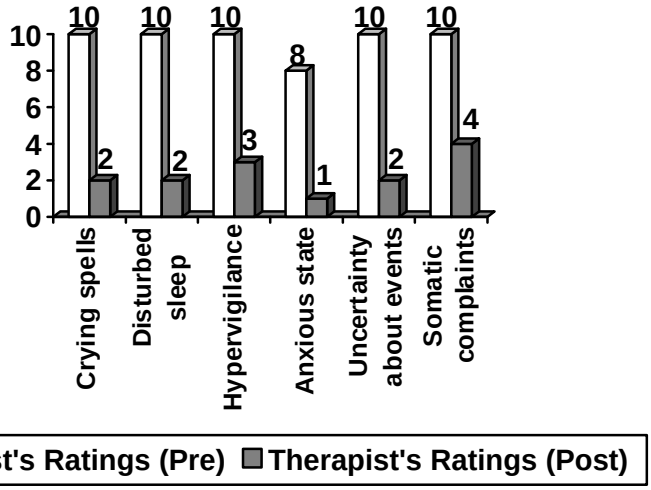


Figure 3
Pre and Post Therapist Ratings



gives a graphical representation of the decrease in the BDI scores.

Moreover, the client was asked to rate the intensity of problematic behaviors at the beginning and end of therapy. These ratings, called the pre and post therapy subjective ratings, showed a great decrease in the client's maladjusted behaviors. The client herself experienced betterment and rated it accordingly (Figure 2).

Besides formal assessment, observational ratings were also a part of gauging the effectiveness of the therapeutic process. The therapist ratings, though slightly different from the client's self perception, also show a great deal of change in the problematic areas (Figure 3).

This case report takes us through the trauma suffered by a young girl, brought to the psychiatric ward in a severely traumatized state. She was diagnosed with acute stress reaction and an intervention plan was prepared accordingly. Therapy helped her come to terms with the trauma and gave her hope. She gained the ability to resolve her family troubles on her own using effective communication. By the end of therapy, her faith in life had been reestablished and she was able to continue with activities as before the trauma had occurred.

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Received January 2009
Revision received June 2009